

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning **JUL 1, 2006** and ending **JUN 30, 2007****B** Check if  
applicable

- ☐ Address  
change
- ☐ Name  
change
- ☐ Initial  
return
- ☐ Final  
return
- ☐ Amended  
return
- ☐ Application  
pending

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**CHILDREN'S WISH FOUNDATION INTERNATIONAL**

Number and street (or P.O. box if mail is not delivered to street address)

**8615 ROSWELL ROAD**

City or town, state or country, and ZIP + 4

**ATLANTA, GA 30350****D** Employer identification number**58-1642982****E** Telephone number**(770) 393-9474****F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website ▶ **WWW.CHILDRENSWISH.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross  
receipts are normally not more than \$25,000. A return is not required, but if the organization  
chooses to file a return, be sure to file a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **14,150,925.****M** Check ☐ if the organization is not required to attach  
Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received:					
<b>a</b> Contributions to donor advised funds		<b>1a</b>			
<b>b</b> Direct public support (not included on line 1a)		<b>1b</b>	<b>13,287,152.</b>		
<b>c</b> Indirect public support (not included on line 1a)		<b>1c</b>			
<b>d</b> Government contributions (grants) (not included on line 1a)		<b>1d</b>			
<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>9,691,635.</b> noncash \$ <b>3,595,517.</b> )		<b>1e</b>	<b>13,287,152.</b>		
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)		<b>2</b>			
<b>3</b> Membership dues and assessments		<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments		<b>4</b>	<b>54,420.</b>		
<b>5</b> Dividends and interest from securities		<b>5</b>			
<b>6 a</b> Gross rents		<b>6a</b>			
<b>b</b> Less: rental expenses		<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a		<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )		<b>7</b>			
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
		<b>576,127.</b>	<b>8a</b>		
<b>b</b> Less: cost or other basis and sales expenses		<b>505,370.</b>	<b>8b</b>	<b>4,716.</b>	
<b>c</b> Gain or (loss) (attach schedule)		<b>70,757.</b>	<b>8c</b>	<b>-4,716.</b>	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>STMT 1</b>	<b>STMT 2</b>	<b>8d</b>	<b>66,041.</b>
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)		<b>9a</b>	<b>49,089.</b>		
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>	<b>116,065.</b>		
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a		<b>SEE STATEMENT 3</b>			<b>9c</b> <b>-66,976.</b>
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
<b>b</b> Less: cost of goods sold		<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					<b>10c</b>
<b>11</b> Other revenue (from Part VII, line 103)					<b>11</b> <b>184,137.</b>
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					<b>12</b> <b>13,524,774.</b>
<b>13</b> Program services (from line 44, column (B))					<b>13</b> <b>5,872,669.</b>
<b>14</b> Management and general (from line 44, column (C))					<b>14</b> <b>845,674.</b>
<b>15</b> Fundraising (from line 44, column (D))					<b>15</b> <b>7,020,617.</b>
<b>16</b> Payments to affiliates (attach schedule)					<b>16</b>
<b>17</b> Total expenses. Add lines 16 and 44, column (A)					<b>17</b> <b>13,738,960.</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12					<b>18</b> <b>-214,186.</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))					<b>19</b> <b>1,926,252.</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>SEE STATEMENT 4</b>			<b>20</b> <b>46,379.</b>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20					<b>21</b> <b>1,758,445.</b>

623001  
01-18-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2006)

2

15590219 757994 1483

2006.08020 CHILDREN'S WISH FOUNDATION

1483 17617

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 22,544, noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22,544.	22,544.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule) <b>STATEMENT 8</b>	2,747,557.	2,747,557.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 6</b>	528,888.	401,957.	116,355.	10,576.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	482,292.	366,540.	106,105.	9,647.
27 Pension plan contributions not included on lines 25a, b, and c	56,556.	42,983.	12,442.	1,131.
28 Employee benefits not included on lines 25a-27	59,254.	45,033.	13,036.	1,185.
29 Payroll taxes	56,476.	42,921.	12,425.	1,130.
30 Professional fundraising fees <b>STMT 22</b>	8,294,080.	1,327,545.		6,966,535.
31 Accounting fees	115,836.		115,836.	
32 Legal fees	134,221.		134,221.	
33 Supplies	10,296.	7,825.	2,265.	206.
34 Telephone	21,122.	16,053.	4,647.	422.
35 Postage and shipping	174,376.	132,525.	38,363.	3,488.
36 Occupancy	70,443.	53,536.	15,498.	1,409.
37 Equipment rental and maintenance	17,614.	6,337.	1,373.	9,904.
38 Printing and publications	10,154.	7,717.	2,234.	203.
39 Travel	24,090.	18,308.	5,300.	482.
40 Conferences, conventions, and meetings	7,339.	5,578.	1,614.	147.
41 Interest	3,256.	2,475.	716.	65.
42 Depreciation, depletion, etc. (attach schedule)	80,701.	61,333.	17,754.	1,614.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	821,865.	563,902.	245,490.	12,473.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	13,738,960.	5,872,669.	845,674.	7,020,617.

Joint Costs. Check ☒ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 6,416,037.; (ii) the amount allocated to Program services \$ 1,329,137.;

(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ 5,086,900.

**Part III** Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► **SEE STATEMENT 11**

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a** CHILDREN'S WISHES - ALL EXPENSES INCURRED TO FULFILL THE WISHES OF SERIOUSLY ILL CHILDREN AND THEIR FAMILIES. THIS IS A ONCE IN A LIFETIME EXPERIENCE FOR A CHILD FACING THE MOST DEVASTATING CIRCUMSTANCES, THEREFORE CARE IS TAKEN TO ENSURE THAT THE QUALITY OF EACH WISH FAR EXCEEDS THE EXPECTATIONS OF THE CHILD.

(Grants and allocations \$ 22,544. ) If this amount includes foreign grants, check here ► ☒

2,503,185.

**b** SEE STATEMENT 9

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

3,280,878.

**c** SEE STATEMENT 10

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

88,606.

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ►

5,872,669.

Form 990 (2006)

**Part IV Balance Sheets** (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	258,323.	45	170,642.
	46 Savings and temporary cash investments	111,216.	46	26,063.
	47 a Accounts receivable	47a 138,188.		
	b Less allowance for doubtful accounts	47b	47c	138,188.
	48 a Pledges receivable	48a 1,083,783.		
	b Less allowance for doubtful accounts	48b 805,158.	48c	278,625.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	36,688.	52	99,483.
	53 Prepaid expenses and deferred charges	158,356.	53	312,561.
	54 a Investments - publicly-traded securities STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	917,380.	54a	725,913.
b Investments - other securities STMT 17 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	34,200.	54b	42,660.	
55 a Investments - land, buildings, and equipment basis STMT 12	55a			
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 2,174,513.			
b Less accumulated depreciation STMT 14	57b 1,184,187.	57c	990,326.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 15)	14,726.	58	16,006.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58	2,908,713.	59	2,800,467.	
Liabilities	60 Accounts payable and accrued expenses	425,020.	60	522,025.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 16	557,441.	64b	519,997.
	65 Other liabilities (describe ►)		65	
66 <b>Total liabilities.</b> Add lines 60 through 65	982,461.	66	1,042,022.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,409,924.	67	1,381,586.
	68 Temporarily restricted	516,328.	68	376,859.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	1,926,252.	73	1,758,445.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	2,908,713.	74	2,800,467.

Form 990 (2006)

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	13,571,153.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	46,379.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	46,379.
c	Subtract line b from line a	c	13,524,774.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	0.
e	<b>Total revenue</b> (Part I, line 12) Add lines c and d	e	13,524,774.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements	a	13,738,960.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	13,738,960.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	0.
e	<b>Total expenses</b> (Part I, line 17) Add lines c and d	e	13,738,960.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ARTHUR J. STEIN 8615 ROSWELL ROAD ATLANTA, GA 30350	PRESIDENT & CEO 40.00	182,326.	77,293.	5,761.
ED CARMICHEL 8615 ROSWELL ROAD ATLANTA, GA 30350	CHAIRMAN 1.00	0.	0.	0.
PAUL GATTI 8615 ROSWELL ROAD ATLANTA, GA 30350	DIRECTOR 1.00	0.	0.	0.
RON HERMAN 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
JOHN EAGLESON 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
SCOTT EISENBERG 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
THERESA SPRALLING 8615 ROSWELL ROAD ATLANTA, GA 30303	DIRECTOR 1.00	0.	0.	0.
LINDA DOZORETZ 8615 ROSWELL ROAD ATLANTA, GA 30303	EXECUTIVE DIRECTOR, SEC/TREA 40.00	182,326.	79,639.	1,543.



Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>SEE STATEMENT 19</u>		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	18
91 a	The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(770) 393-9474</u> Located at <u>P.O. BOX 28785, ATLANTA, GA</u> ZIP + 4 <u>30358</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>UNITED KINGDOM</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	54,420.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	66,041.	
101 Net income or (loss) from special events			01	-66,976.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a ROYALTIES			15	182,198.	
b OTHER INCOME					1,939.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		235,683.	1,939.
105 Total (add line 104, columns (B), (D), and (E))					237,622.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

103B MISCELLANEOUS RECEIPTS RELATING TO ORGANIZATIONS CHARITABLE PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Form 990 (2006)



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

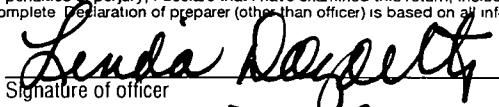

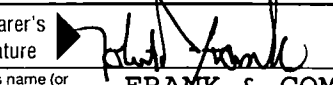
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		2/22/08 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 FRANK & COMPANY, P.C. 1360 BEVERLY ROAD, SUITE 300 MCLEAN, VA 22101	Date 2/21/08	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst X) EIN <input type="checkbox"/> Phone no. 703-821-0702

Form 990 (2006)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2006**

Name of the organization

**CHILDREN'S WISH FOUNDATION INTERNATIONAL**

Employer identification number

**58 1642982**

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JACQUELYN NILES 8615 ROSWELL RD, ATLANTA, GA 30350	PROGRAM SERVICE DIR. 40.00	59,000.	15,838.	3,752.
SUSAN SPRAGUE 8615 ROSWELL RD, ATLANTA, GA 30350	CFO 40.00	59,225.	24,772.	
Total number of other employees paid over \$50,000	0			

**Part II-A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HERITAGE PUBLISHING 2402 WILDWOOD AVENUE, SUITE 500, SHERWOOD, AR 721	FUNDRAISING DONOR ACQUISITION	229,739.
VEHICLE DONATION PROCESSING CENTER 626 S. PRIMROSE AVENUE, MONROVIA, CA 91016-3434	VEHICLE PROCESSING	529,690.
PCI 50 PEACHTREE NW SUITE 401, ATLANTA, GA 30303	INFORMATION TECHNOLOGY	172,632.
FRANK & COMPANY 1360 BEVERLY RD SUITE 300, MCLEAN, VA 22101	CONSULTING & AUDITING	101,565.
ARTHUR BENSON AND ASSOCIATES 40006 CENTRAL PO BOX 119007, KANSAS CITY, MO 6417	LEGAL	76,623.
Total number of others receiving over \$50,000 for professional services	0	

**Part II-B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HERITAGE PUBLISHING 2402 WILDWOOD AVENUE, SUITE 500, SHERWOOD, AR 721	FUNDRAISING DONOR ACQUISITION	310,062.
QUADRIGA ART INC. 30 EAST 33RD STREET, NEW YORK, NY 10016	DIRECT MAIL HOUSE	461,883.
US POSTMASTER WASHINGTON, DC	SHIPPING	225,200.
NAEIR P.O. BOX 8076, GALESBURG, IL 61402	SERVICE FEE	204,542.
BLACKBAUD INC. P.O. BOX 930256, ATLANTA, GA 31193	DATABASE	195,841.
Total number of other contractors receiving over \$50,000 for other services	4	

**Part III** **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	<b>1</b>	<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? <b>SEE STATEMENT 20</b>	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966? <b>N/A</b>	<b>4b</b>	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? <b>N/A</b>	<b>4c</b>	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► <b>N/A</b>		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► <b>N/A</b>		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► <b>0.</b>		
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ► <b>0.</b>		

Schedule A (Form 990 or 990-EZ) 2006

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	13,408,928.	15,051,926.	14,889,985.	14,662,236.	58,013,075.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	26,668.	15,936.	13,213.	23,169.	78,986.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	245,736.	141,379.	SEE STATEMENT 21 115,789.	149,925.	652,829.
<b>23</b> Total of lines 15 through 22	13,681,332.	15,209,241.	15,018,987.	14,835,330.	58,744,890.
<b>24</b> Line 23 minus line 17	13,681,332.	15,209,241.	15,018,987.	14,835,330.	58,744,890.
<b>25</b> Enter 1% of line 23	136,813.	152,092.	150,190.	148,353.	
<b>26 Organizations described on lines 10 or 11</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 1,174,898.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 58,744,890.
<b>d</b> Add: Amounts from column (e) for lines. 18 <u>78,986.</u> 19 _____ 22 <u>652,829.</u> 26b _____					<b>26d</b> 731,815.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 58,013,075.
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b> 98.7542%
<b>27 Organizations described on line 12</b> <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: <b>N/A</b>	(2005)	(2004)	(2003)	(2002)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b>	(2005)	(2004)	(2003)	(2002)	
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>27f</b> N/A					
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b> N/A %
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2006

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ a ☐ if the organization belongs to an affiliated group.Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

▶ ☐ Yes ☒ No

N/A

[illegible]



## 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	VARIESL				165,000.			165,000.			0.
2	BUILDING	VARIESSL		.000	16	1255786.			1255786.	572,734.		54,356.
3	FURNITURE	VARIESSL		.000	16	355,774.			355,774.	355,774.		0.
4	EQUIPMENT	VARIESSL		.000	16	318,586.			318,586.	174,978.		23,038.
5	LAND IMPROVEMENT	VARIESSL		.000	16	79,367.			79,367.			3,307.
	* TOTAL 990 PAGE 2					2174513.		0.	2174513.	1103486.	0.	80,701.
	DEPR											

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENTS - SALOMAN SMITH BARNEY	576,127.	505,370.	0.	70,757.
TO FORM 990, PART I, LINE 8	576,127.	505,370.	0.	70,757.

FORM 990

GAIN (LOSS) FROM SALE OF OTHER ASSETS

STATEMENT

2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
LOSS ON DISPOSAL OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	4,716.	0.	0.	-4,716.
TO FM 990, PART I, LN 8		4,716.	0.	0.	-4,716.

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	49,089.		49,089.	116,065.	-66,976.
TO FM 990, PART I, LINE 9	49,089.		49,089.	116,065.	-66,976.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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## DESCRIPTION

## AMOUNT

UNREALIZED GAIN ON INVESTMENTS

46,379.

TOTAL TO FORM 990, PART I, LINE 20

46,379.

FORM 990

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMORTIZATION	1,221.	928.	269.	24.
PROFESSIONAL SERVICES	3,626.		3,626.	
CAGING	92,108.		92,108.	
OFFICE EXPENSE	45,607.	34,661.	10,034.	912.
REGISTRATION FEES	12,563.		12,563.	
PROGRAM SERVICES AND DEVELOPMENT	89,947.	89,947.		
PRINT AND WEB COMMUNICATIONS	144,831.	110,071.	31,863.	2,897.
INSURANCE	33,331.	25,331.	7,333.	667.
REPAIRS AND MAINTENANCE	79,814.	60,659.	17,559.	1,596.
AUTOMOTIVE	29,456.	22,386.	6,481.	589.
COMPUTER AND DATA PROCESSING	83,321.	63,324.	18,331.	1,666.
DUES AND FEES	3,917.	2,978.	861.	78.
BANK CHARGES AND FEES	6,527.	4,962.	1,434.	131.
CONSULTING	35,326.	26,847.	7,772.	707.
MAILING SERVICES	0.			
MISCELLANEOUS	3,044.	2,316.	667.	61.
ANALYSIS CHARGES	7,727.	5,873.	1,699.	155.
DATABASE	149,499.	113,619.	32,890.	2,990.
TOTAL TO FM 990, LN 43	821,865.	563,902.	245,490.	12,473.

FORM 990

OFFICER COMPENSATION ALLOCATION  
PART II, LINE 25A

STATEMENT 6

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ARTHUR J. STEIN	182,326.	77,293.	5,761.	265,380.
A. PROGRAM SERVICES	138,568.	58,743.	4,379.	201,690.
B. MANAGEMENT AND GENERAL	40,112.	17,004.	1,267.	58,383.
C. FUNDRAISING	3,646.	1,546.	115.	5,307.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
LINDA DOZORETZ	182,326.	79,639.	1,543.	263,508.
A. PROGRAM SERVICES	138,568.	60,526.	1,173.	200,267.
B. MANAGEMENT AND GENERAL	40,112.	17,521.	339.	57,972.
C. FUNDRAISING	3,646.	1,592.	31.	5,269.

TOTAL PROGRAM SERVICES				401,957.
TOTAL MANAGEMENT AND GENERAL				116,355.
TOTAL FUNDRAISING				10,576.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				528,888.

FORM 990

CASH GRANTS AND ALLOCATIONS  
TO OTHERS

STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

WISH FULFILLMENT: OPERATIONS  
CHILDREN'S WISH FOUNDATION INT'L UK  
LONDON, ENGLAND

22,544.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

22,544.



FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	8
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DESCRIPTIONAMOUNTWISH FULFILLMENT FOR VARIOUS INDIVIDUALS INCLUDES TRAVEL,  
HOTEL, MEALS, ETC.

1,218,029.

DONATED TOYS, BOOKS, & OTHER CHILDRENS NOVELTY ITEMS FOR  
VARIOUS INDIVIDUALS

1,529,528.

TOTAL TO FORM 990, PART II, LINE 23

2,747,557.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 9

DESCRIPTION OF PROGRAM SERVICE TWO

FAMILY SERVICES - ALL EXPENSES INCURRED TO ASSIST FAMILIES AND PROGRAMS IN ORDER TO PROMOTE A MORE POSITIVE ENVIRONMENT FOR SERIOUSLY ILL CHILDREN WHILE THEY ARE RECEIVING TREATMENT. THE HOSPITAL ENRICHMENT PROGRAM PROVIDES EDUCATIONAL AND ENTERTAINMENT MATERIALS TO HOSPITALS AND HEALTHCARE FACILITIES AROUND THE WORLD. THE CELEBRATION OF LIFE PROGRAMS BRING MAGIC TO CHILDREN THROUGHOUT THE YEAR.

GRANTS

EXPENSES

TO FORM 990, PART III, LINE B

3,280,878.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 10

## DESCRIPTION OF PROGRAM SERVICE THREE

EDUCATION/PUBLIC AWARENESS - ALL EXPENSES INCURRED TO EDUCATE THE GENERAL PUBLIC ABOUT THE NEEDS AND WISHES OF SERIOUSLY ILL CHILDREN. ALSO, ALL EXPENSES INCURRED TO INFORM THE PUBLIC TO PARTICIPATE IN THE FOUNDATION'S MISSION. THIS EDUCATES THE PUBLIC ABOUT WAYS THEY CAN SUPPORT THE SERIOUSLY ILL CHILDREN IN THEIR COMMUNITY AS WELL AS HELPING CHILDREN FEEL SUPPORTED, LOVED AND CARED FOR.

TO FORM 990, PART III, LINE C

GRANTS

EXPENSES

88,606.

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT 11  
PART III

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EXPLANATION

CHILDREN'S WISH FOUNDATION INTERNATIONAL FULFILLS WISHES FOR SERIOUSLY AND TERMINALLY ILL CHILDREN AROUND THE WORLD. SINCE CWFI'S INCEPTION IN 1985, THE FOUNDATION HAS CREATED THOUSANDS OF ONCE IN A LIFETIME WISHES AND OPPORTUNITIES FOR THESE CHILDREN, PROVIDING THEM AND THEIR FAMILIES WITH MEMORIES TO CHERISH FOREVER. IN ADDITION, CWFI TOUCHES THE LIVES OF OVER 100,000 CHILDREN EACH YEAR THROUGH CWFI'S HOSPITAL ENRICHMENT PROGRAMS. THESE PROGRAMS PLACE EDUCATIONAL AND ENTERTAINMENT MATERIALS IN CHILDREN'S HOSPITALS AND OTHER FACILITIES INCLUDING COMPUTERS, VCR'S , LIBRARIES OF SOFTWARE AND VIDEOTAPES, BOOKS AND GAMES, KEEPING THE CHILDREN ACTIVE, ALERT, AND DIVERTED FROM THE REALITY OF THEIR HOSPITALIZATION.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
VARIOUS	FMV	320,466.			320,466.
VARIOUS	FMV			221,773.	221,773.
TO FORM 990, LINE 54A, COL B		320,466.		221,773.	542,239.

FORM 990	GOVERNMENT SECURITIES	STATEMENT 13
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
VARIOUS	FMV	183,674.		183,674.
TOTAL TO FORM 990, LINE 54A, COL B		183,674.		183,674.

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FORM 990      DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT      STATEMENT 14

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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	165,000.	0.	165,000.
BUILDING	1,255,786.	627,090.	628,696.
FURNITURE	355,774.	355,774.	0.
EQUIPMENT	318,586.	198,016.	120,570.
LAND IMPROVEMENT	79,367.	3,307.	76,060.
TOTAL TO FORM 990, PART IV, LN 57	2,174,513.	1,184,187.	990,326.

FORM 990	OTHER ASSETS	STATEMENT	15
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DESCRIPTION	AMOUNT
DEPOSITS	7,498.
INTEREST RECEIVABLE	310.
LOAN COSTS, NET OF AMORTIZATION	8,198.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	16,006.



FORM 990

MORTGAGES PAYABLE

STATEMENT 16

DESCRIPTION

BALANCE DUE

BANK OF AMERICA

519,997.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

519,997.

FORM 990

OTHER SECURITIES

STATEMENT 17

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
VARIOUS	FMV	42,660.
TO FORM 990, LINE 54B, COL B		42,660.

FORM 990

EXPLANATION OF RELATIONSHIP  
PART V-A, LINE 75B

STATEMENT 18

INDIVIDUAL'S NAMETITLE OR ROLE

ARTHUR STEIN

PRESIDENT &amp; CEO

INDIVIDUAL'S NAMETITLE OR ROLE

LINDA DOZORETZ

EXECUTIVE DIRECTOR, SEC/TREA

EXPLANATION OF RELATIONSHIP

ARTHUR STEIN AND LINDA DOZORETZ ARE HAPPILY MARRIED.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN  
PART VI, LINE 90

STATEMENT 19

STATESAK,AL,AZ,AR,CT,CA,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,ND,NC,OK  
OH,PA,OR,SC,RI,UT,TN,WA,VA,WI,WV,CO,TX

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2C	STATEMENT 20
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ONE OF THE FOUNDATION'S KEY EMPLOYEES JOINTLY OWNS THE COMPANY THAT PERFORMS CLEANING SERVICE FOR THE FOUNDATION. DURING THE FISCAL YEAR ENDED JUNE 30, 2007, THE FOUNDATION PAID \$7,650 IN FEES TO THE COMPANY.

THE FOUNDATION REIMBURSES OUT OF POCKET EXPENSES OF THE OFFICERS AND DIRECTORS WHEN THEY ARE ACTING ON BEHALF OF AND FULFILLING THEIR RESPONSIBILITIES TO THE FOUNDATION.

SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
ROYALTIES & OTHER INCOME	245,736.	141,379.	115,789.	149,925.
TOTAL TO SCHEDULE A, LINE 22	245,736.	141,379.	115,789.	149,925.

CHILDREN'S WISH FOUNDATION INTERNATIONAL

58-1642982

STATEMENT 22

<u>PROFESSIONAL FUNDRAISING FEES</u>	<u>PROGRAM</u>	<u>FUNDRAISING</u>	<u>TOTAL</u>
TELEPHONE SOLICITATION	1,179,605	4,182,235	5,361,840
DIRECT MAIL EXPENSE	13,529	83,102	96,631
POSTAGE	46,679	286,067	332,746
ANALYSIS CHARGE	5,806	22,944	28,750
PRINTING	55,632	341,253	396,885
CONSULTANT	5,880	36,120	42,000
DATABASE	20,414	125,400	145,814
VEHICLE DONATION EXPENSE		1,889,414	1,889,414
TOTAL	1,327,545	6,966,535	8,294,080

**Depreciation and Amortization**  
(Including Information on Listed Property)

990

OMB No 1545-0172

**2006**Attachment  
Sequence No 67

▶ See separate instructions.

▶ Attach to your tax return.

Business or activity to which this form relates

Identifying number

CHILDREN'S WISH FOUNDATION INTERNATIONAL FORM 990 PAGE 2

58-1642982

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	80,701.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr	22	80,701.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use						25		
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
<b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year					
<b>43</b> Amortization of costs that began before your 2006 tax year					43
<b>44</b> Total. Add amounts in column (f) See the instructions for where to report					44

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

<b>Part II</b>	<b>Additional (not automatic) 3-Month Extension of Time.</b> You must file original and one copy	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer identification number
	CHILDREN'S WISH FOUNDATION INTERNATIONAL	58-1642982
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	8615 ROSWELL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ATLANTA, GA 30350	

Check type of return to be filed (File a separate application for each return)

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE ORGANIZATION**

Telephone No. **(770) 393-9474**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2008**

5 For calendar year , or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

**ORGANIZATION IS AWAITING COMPLETION OF THE FINANCIAL STATEMENT AUDIT TO ENSURE A COMPLETE AND ACCURATE FILING.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ <b>N/A</b>

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Mayorie Smith** Title **CFA** Date **2/4/08**

### Notice to Applicant. (To Be Completed by the IRS)

- ☐ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.  
☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.  
☐ Other

Director  By:  Date

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	FRANK & COMPANY, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	1360 BEVERLY ROAD, SUITE 300
	City or town, province or state, and country (including postal or ZIP code)
	MCLEAN, VA 22101